



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
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<b>SERIAL NUMBER</b> 09/521,896	<b>FILING DATE</b> 03/09/2000  <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> JEK/Ramadan
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 FRANCE 00 02 791 03/03/ 00

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 05/18/2000**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Not after Allowance Verified and Acknowledged <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Initials	<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
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**TITLE**  
 Disk  
 Disk prosthesis for cervical vertebrae

<b>FILING FEE RECEIVED</b> 410	FEES: Authority No. _____ No. _____	given in Paper credit DEPOSIT ACCOUNT following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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